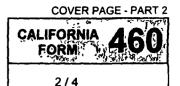
2nd FILING

| ORIGINAL | Type or print in ink. | | Date Stamp | 20 | ORM 460 |
|---|---|---|---|---------------------|--|
| | Statement covers period from10/01/2003 | Date of election if applicable: (Month, Day, Year) | 1 1 2 7 1 1 1 | | 1/4 For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through 12/31/2003 | 03/02/2004 | | * CC | 5005 |
| 1. Type of Recipient Committee: All Committe Officeholder, Candidate Controlled Committee Ostate Candidate Election Committee ORecall (Also Complete Part 5) General Purpose Committee Osponsored Osmall Contributor Committee OPolitical Party/Central Committee | Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7) | 2. Type of Stateme ☐ Pre-election State ☐ Semi-annual State ☐ Termination State ☐ Amendment (Expla | ment ement ment | ☐ Special ☐ Suppler | ly Statement Odd-Year Report nental Preelection ent - Attach Form 495 |
| 3. Committee Information | I D NUMBER 970512 | Treasurer(s) | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Supervisor Don Knabe Officeholder Account | | NAME OF TREASURER Waldo Arballo | | | |
| STREET ADDRESS (NO P O BOX) | | MAILING ADDRESS | | | |
| CITY STATE ZIP COL | DE AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P O B | ox | NAME OF ASSISTANT TREASU | RER, IF ANY | | |
| CITY STATE ZIP COL | DE AREA CODE/PHONE | MAILING ADDRESS | | | را |
| OPTIONAL FAX/E-MAIL ADDRESS | | СПҮ | STATE | ZIP CODE | AREA CODE/PHONE |
| | | OPTIONAL FAX/E-MAIL ADDRE | SS | | |
| 5 | | fornia that the foregoing is true | and correct. | erein and in the | attached schedules |
| Executed on By | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT | | | 5 | FPPC Form 460 (June/01) |
| Executed on By | SIGNATURE OF CONTROLLING OFFICEHOLDER, | 1 | FPPC Toll-Free Helpline: 866/ASK-FPPC State of California | | |

Recipient Committee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee NAME OF BALLOT MEASURE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO OR LETTER JURISDICTION SUPPORT **OPPOSE** RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Related Committees Not Included in this Statement: List any committees OFFICE SOUGHT OR HELD DISTRICT NO IF ANY not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy. COMMITTEE NAME I D NUMBER 7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for Re-Elect Supervisor Don Knabe 1251077 which this committee is primarily formed. NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT NAME OF TREASURER CONTROLLED COMMITTEE? Waldo Arballo X YES □ NO OPPOSE COMMITTEE ADDRESS STREET ADDRESS (NO P O BOX) OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE SUPPORT ZIP CODE OPPOSE CITY STATE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT COMMITTEE NAME I D NUMBER 943734 Knabe for Supervisor, Inc. OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD CONTROLLED COMMITTEE? NAME OF TREASURER SUPPORT Waldo Arballo X YES □ NO OPPOSE STREET ADDRESS (NO P O BOX) **COMMITTEE ADDRESS** Attach continuation sheets if necessary CITY STATE ZIP CODE AREA CODE/PHONE